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LEST WE FORGET. A STUDY OF HEALTH INSURANCE IN RELATION TO THE HISTORY OF THE TWO COUNTRIES WHERE IT HAS FOUND MOST FAVOR.

BY ANDREW F. DOWNING, M.D., CAMBRIDGE, MASS.

THIS is the story of Veritas reviled by Vanitas, of Libertas and Aequalitas looted by Paternitas and Fraternitas. If in the judgment of my medical colleagues, it seems to be the fanciful flight of a flippant writer of fiction, it is because I am sketching from real life a drama of human tragedy and comedy which sustains the wisdom of that trite saying that truth is stranger than fiction. We moderns, having no thought of the past and no patience with the present, are attempting the impossible feat of living in the future. Careless of what was, or is, or ought to be, we are uncompromising architects of what shall be. To many of us, history, like our birth, "is but a sleep and a forgetting." Thus it is that the fancies, prejudices, and chicaneries of the specialists in poverty prevention roam at will in this happy hunting ground of the past, where the law is always off because it was never on. A specialist in fire prevention is not one who would annihilate the sun. An expert in poverty prevention must not be one who would annihilate the past—or the poor.

The metabolism of fats and proteids in the human body is no more important to the medical profession than the metabolism in the larger body called human society of political, economic, social, and industrial pabulum or fodder. In either case, we are in the presence of processes in which mankind has a stupendous stake, for upon them depend the maintenance, improvement, and prolongation of healthy human life. Now healthy human life has a spiritual as well as a physical value. It is divine as well as human; it is quality as well as quantity; it is hope, not despair. Milton could write Paradise Lost only because it was possible to write Paradise Regained. That event in a stable of Bethlehem in Judea symbolizes healthy human life. The Magi followed a star in the heavens, but we, being wiser, follow the "shop early" signs which desecrate the street car and obscure the landscape. At any rate, it has not hurt big business to capitalize that historic event in Bethlehem. We acknowledge the birth of the babe but we forget that He grew to be a man.

Leaving the past for the present, I journey from hope to despair. The road leads from Veritas to Vanitas, from life that is divine and human, to life that has been profaned and de-

humanized; from Him who was sold for thirty pieces of silver to those who were bought for less. It leads to Berlin, where once upon a time there lived a man named Otto von Bismarck. During the last half of the nineteenth century, the history of Europe was in no small way the history of this statesman. As for the history of Germany, it was only a small part of the history of Bismarck, for Bismarck was bigger than Germany. The present war was lost on that eventful morning when a young emperor, doomed in his later years to be the unromantic figure of a king seeking an asylum in Holland, allowed his arrogance and jealousy to assert his right of imperial prerogative in the home of his powerful and popular Chancellor, only to be told by that irate aristocrat that "The commands of my king cease in my wife's drawing room." Here at least, Bismarck acknowledged his belief in the democracy which is founded upon the sanctity of the home. If it was the end of Bismarck, it was also the end of the empire which he created, for his successors were merely mannikins. It never occurred to the modern German statesman that Schleswig-Holstein and Alsace-Lorraine passed under the yoke of Germany only because Germany had first been compelled to pass under the yoke of Bismarck. The artist who painted the picture of the coronation at Versailles of the first Hohenzollern as German Emperor, artistically, even if unconsciously, made the Chancellor the incarnation of an artist's imagination. If under the caption of "Find the Emperor" a modern daily newspaper should run it as a puzzle, I venture to say that few would fail to guess the Chancellor as the Emperor. Indeed, he was the emperor, even if his attitude reminds one of a modern foot-ball coach on the side lines when a team in which he has no confidence makes a touchdown on the strategic merits of a play which originated in his sensorium. The failure of the Hohenzollerns in our day is an argument in favor of the head coach—or a strong line.

Bismarck was sincere in his belief that authority came from God. So far he was right, but unfortunately he was not schooled in the philosophy which would have enabled him to pursue his belief to its logical conclusion. This doctrine of the divine origin of authority must not be confused with the pernicious idea of the divine right of kings—a right based upon authority which is neither *de facto* divine, nor *de jure* human. It is Vanitas reviling Veritas. Bismarck did not understand that civil authority is an expression of self-denial on the part of man due to his intelligent appreciation of the fact that he is naturally ordained for the society of his fellowmen. If the one or the several to whom is entrusted this totality of self-denial run amuck, endangering the public good and disregarding the divine law, the authority becomes tyrannical and ceases to bind in conscience. In other words, there is a moral authority higher than the state to which both the people and those vested with civil authority are equally responsible. Man's natural allegiance always has been, is, and always will be, to family, to religion, to friends, to truth, and to art. For the soul of man the state is merely "an historical or geographical accident," which will command his allegiance only if it enables him to realize these ideals. He surrenders only that minimum of freedom which will allow his hereditary or elected leaders to lubricate properly the intricate machinery of government in order that the economy of life may be carried on with some degree of decency and security.

All this is true in spite of the so-called separation of Church and State, an expression very much misunderstood. This separation is something *de jure*, not *de facto*. It does not mean the annihilation or subordination of the Church or the setting up of the Absolute State, "an idol that feeds on blood, in the heart and over the city." In proclaiming the inauguration of every governor of Massachusetts, the Secretary of State concludes with the solemn exhortation, "God save the Commonwealth of Massachusetts," and every proclamation of the Governor of Massachusetts is concluded with the same words. For many years there was a Secretary of State whose delivery of the inaugural proclamation was so impressive that the audience could not restrain a dignified smile when he finished the solemn climax of that sacred exhortation. It was as if he had said, "With such a weak mortal for an executive, may God help the Commonwealth of Massachusetts." The joke is not so much on the Governor as it is on the idea of the separation of Church and State. We cling half-heartedly to the "Divine," but we have interned as an alien enemy the "authority" wise enough to defend the spiritual rights of the people. The separation of Church and State, then, is in reality a dissection. In the presence of a plurality of re

ligions and philosophies, the State, of course, must avoid embarrassment, but she cannot avoid the eternal verities, among which embarrassment has no place. Only Wisdom can interpret Veritas, and drive Vanitas from the Temple.

No one who understands this peculiar relation between Church and State will see in their constant conflict the sign of a decadent age, for the fight for righteousness is neither fanaticism nor bigotry. It is the sign of vigorous normal life, in a world whose salvation depends on the ultimate victory of right over wrong. Of course this perpetual conflict bores the citizen who, in the language of his set, is "disgustingly healthy," and who dismisses the most important topics of the day by wisely commenting, "It's all politics." It *is* politics, and politics is the *science* of government. It happens to be a *craft* because we have too many who are disgustingly ignorant. The atheist or the disciple of materialistic philosophy refuses to recognize the right of spiritual leaders to oppose civil authority. He interprets separation as annihilation. Now atheism and individualism may not be classified as religions, but inasmuch as their devotees believe in them with all the fervor of the most ardent Christian, we can truly say that they are cults or near religions (or far). Therefore if we have the separation of Church and State, why should we have the union of State and cults or philosophies, or whatever name you choose to distinguish them from Christianity, religion, Catholicism, or Protestantism, or whatever other term may excite the *furor paganus*. The problems which social legislation is trying to solve today are serious and exceedingly complex, because they concern the spiritual as well as the material welfare of millions of people. Hence no mere statistician, no individualist, no internationalist, no specialist in economics, can solve them. They are problems for the constructive statesman and the moralist. In opposing certain methods of social legislation, the authority of Christian philosophy is opposing the creation of the Absolute State, the State which acknowledges no higher authority; in supporting certain methods of social legislation, the vanity of materialistic philosophy is attempting to set up the Absolute State. You have your choice between living in a State which belongs to the people, or living among a people who are the property of the State.

I have taken this detour in order to show that no government can hope to last which defies a higher spiritual authority. A democratic government, as well as a Junker government, will in the end travel from Socialism to extreme radicalism and anarchy. Its end is hell, with anarchy enthroned. All this was foreign to Bismarck's Prussian intellect. To him, like Hegel, the life of the State was the moral substance, and the souls of men, mere accidents. Obedience to authority, regardless of respect for it, was in his scheme the *sine qua non*. Although he was willing to acknowledge the heavenly origin of the State's authority, he was indifferent to the fallacious reasoning which concluded that hell typifies obedience to authority. In this belief, Bismarck was no exception. The world is full of people who are always giving someone else hell. I do not doubt the sincerity of our popular evangelists, but I do doubt the lasting benefit of a conversion due to a spiritual appeal which is based on the psychology of that meaningless phrase, "Give them hell!" Why not give the other fellow heaven once in a while? Every time you give a man hell before you have given him a chance, you are helping along the propaganda of anarchy, for it is a self-evident fact that the ranks of radicalism in government are recruited in large measure from those victims of despotic rule who never had a chance, or even felt the sympathy of a loyal spiritual leadership bold enough to challenge, even if not strong enough to check, tyrannical authority. Hell is the absolute negation of authority; it is the result of man's disobedience. Yet every devil was first given a square deal—a fact which is symbolic of Justice, and Justice is the handmaid of Wisdom. Bismarck, being only half right, was hopelessly wrong, when he founded a government on the illogical idea that the heavenly origin of its executive function mitigated the infernal origin of its legislative and judicial functions. Such is Kultur. It is something heavenly which can be made instantaneously more hellish. To get away with it, you must even bastardize logic.

Bismarck may have been a statesman; he surely was not a moralist. His successors may have been psychologists; they surely were not statesmen. But both he and they were alike in this—that they stood for a civil authority which could be challenged only in the drawing rooms of the wealthy, or in the boudoir of some common woman royally kept. Bismarck would be the last one to admit that his defiance of his king in his wife's drawing room could be inter-

preted as an admission on his part that he or any other Junker believed that the King's commands or theirs ceased in the kitchens of the women of the proletariat, who added dignity to their lives of drudgery by maintaining for their men and children a shrine worthy of the family *lares* and *penates*. In showing his teeth to the Kaiser, Bismarck was a family man asserting against an intruder the sanctity of his home. The Chancellor dissolved into the idea of the family. He did not refer to the drawing room as his own, and he might just as well have said, "The drawing room of the mother of my children." In order to keep his self-respect as a man, this Iron Chancellor, this creator of an empire and an emperor, was forced in the evening of life to assert the spiritual liberty of man in his tardy tribute to the savage sanctity upon which is founded the Holy Family of the New Testament. The Kaiser refused to vanish into the form of an intruder; he scorned the idea of the Holy Family; and he "fired" the Chancellor. Bismarck had dug his own grave and with him passed Germany's opportunity to retrieve a fatal mistake.

The external appearance of solidarity and power which Germany presented to the world only concealed the interstitial process which was raising insidiously the pressure of popular discontent and causing the accumulation of dangerous poisons in a body politic whose natural processes of enuresis, diaphoresis, and catharsis, had long been carried on by the vicarious functioning of transplanted organs. In 1870, radicalism having assumed the definite menacing form of Socialism, mustered half a million voters, and later won a dozen seats in the Reichstag. In attempting to suppress this now evident evil, Bismarck set in motion the old familiar policy of oppression and coercion so characteristic of the Foreign Office. In 1878, after two almost successful attempts to assassinate the aged Emperor, the harshness with which he pursued his domestic policy aroused such bitter resentment that the ranks of Socialism bore witness to the truth that oppression and persecution are the most worthless weapons of suppression. The Chancellor at once saw the folly of a domestic policy shaped by the technic of the Foreign Office, and he began to prepare a program of social legislation the purpose of which was to weaken the opposition to his autocratic scheme.

In 1881, Bismarck appeared before the Reichstag, as a Greek bearing gifts. These were accident insurance, sickness insurance, and old age pensions. Sickness insurance was passed in 1883; accident insurance, in 1884; and old age, or incapacity insurance, in 1889. Kindly observe that compulsory sickness insurance, the only form of social insurance which has aroused bitter and almost universal antagonism, was the first of the three schemes imposed upon modern Germany. In defending his program before the Reichstag, Bismarck said: "Give the workingman the right to employment as long as he has strength, assure him care when he is sick and maintenance when he is old. If you do that without fearing the sacrifice, or crying out 'State Socialism' as soon as the words, 'provision for old age' are uttered, ... then, I believe, these gentlemen (*i.e.*, the Socialists) will sound their bird-call in vain; and as soon as the workingmen see that the Government is deeply interested in their welfare, the flocking to them will cease."

Although these measures did not check the growth of Socialism, they did create a better attitude toward the Government on the part of the people. The younger generation, especially, were readily taught to look upon the Government as the kindly guardian of their interests. As the army grew in size and approached that acme of perfection which makes organization a wonderful, and at the same time a most terrible thing, the name of Germany became synonymous with all that is best and worst in militarism. Even the Socialist felt the thrill of an achievement the majesty and power of which transcended his wildest dream. The army was everything, for it could whip the world; and the very thought of it made the German pity other peoples for their weakness. To be an officer was to excite admiration at home; to be only a soldier was to excite jealousy abroad. If one German had to look up to another German, it was only that the lowest German might look down upon the most important individual of the proudest alien state. Among supermen, there could be no infra-men. It was the Utopia of Social Justice, founded upon the discovery that Justice, like coal tar, is a thing of many colors. Utopias are often the cemeteries of Wisdom—or the morgues of Social Wisdom.

It is true that Bismarck did not invent Social Insurance, but he did invent the compulsory aspect which makes sickness insurance so objectionable to this country. More than three and

a half centuries before the German Empire was created, Sir Thomas More, Lord High Chancellor of England in the reign of Henry VIII., suggested the idea of old age pensions in his Utopia; and later he went to the block because he refused to take the oath of supremacy in which the King was declared to be the supreme head of the Church. If More gave to social insurance a place in his Utopia, in which he boldly censured the vices of power, it is an argument in its favor only so far as social insurance does not advocate the doctrine that the minds and hearts of all the people, or a few, are the chatels of the State. Sir Thomas More did not give his life for any such idea of civil authority as underlies the compulsory insurance system of Germany. Germany did not give her people social insurance for any such noble purpose as underlay the heroism of Sir Thomas More.

With his social classes already created, Bismarck found the compulsory idea easy to execute. In this country, where no social classes exist, the idea of compulsion seeks sanctuary in the Constitution. Our social classes (a term very much misunderstood) are merely sociable beings drawn together in various groups by some common interest either serious or trivial. Each group is an enlarged family, less spiritually united perhaps than its model, but certainly no less free. Each is a family circle into which no one has a right to force an entrance. If Snub is refused a membership in Snob's club, the impartial judge will, as a rule, censure Snub and commend the decision of Snob and his associates. Being a bankrupt in self-respect, Snub knew no better than to "butt in," thereby compelling Snob to snub him. Even in his club, where he seeks relaxation from the freedom and the tyranny of his family, Snob finds himself obliged to defend the very freedom and tyranny from which he is a lonely fugitive. It is Snub, the sycophant, who is the real snob. Lost to dignity and self-respect, constantly snubbed for his offensiveness to others, always violating the privacy of families and family groups, he is the enemy of the supremacy of the family idea. It is he who keeps alive this mistaken notion of social classes. You can legislate a group of American citizens into a social class when you can legislate self-respect out of the individual, and thus make him indifferent to what a modern English writer calls "that finality of status which is the soul of slavery—and Compulsory Insurance." The Constitution, being a human document, is neither inherently nor irresponsibly absolute. When it was written into the Constitution which the Lord gave to Moses upon Mount Sinai that man shalt not covet his neighbor's wife, there was no exemption made in favor of the future American who had the price to go to Reno, Nevada. That Reno thrived may or may not be due to something called constitutionality. Nevertheless Sinai is a more dangerous volcano than Vesuvius, and old Jakob Grimm, having lived before the era of Kultur, did not include the story of Herculaneum and Pompei in his Fairy Tales.

Although sickness insurance was passed in Germany prior to accident insurance and old age pensions, accident insurance has been the most popular member of the group in other countries; and in every case it has preceded any attempt to introduce sickness insurance. In the United States, within the past eleven years, industrial accident insurance has been accepted by many states, but only in a few, notably New York, Ohio, and Washington, has it been made compulsory. Sickness insurance, or as it is called in this country, health insurance, seems to be a hero to his admirers only when he comes as a bully swinging the club of compulsion,—a bully whom no one must be allowed to challenge. Specious argument endeavors to give him a place in the family circle of social and spiritual heroes. It is the pathos and the humor of hybrid philosophy which remind us that education and vaccination are compulsory,[1] and that, therefore, health insurance should enjoy an equal privilege or be crowned with a like diadem of tyranny. Now education is a wide subject which may be briefly defined as the systematic development through knowledge of the spiritual and material man. Compulsory education hardly penetrates the field of knowledge, for it accompanies the individual only through the brief years of childhood. It does not apply to unlettered immigrants who come here in late childhood and who often continue to live on in their dark world of spiritual and material ignorance, plastic pupils for the school of industrialism, in which compulsory efficiency trains the human clod to be an inexpensive and almost human cog in the expensive and coddled super-human machinery. It is a defense of childhood, of an innocence which once was ours; it is a protection of helpless childhood against enforced ignorance, against an enforced surrender of its spiritual, civil, and

natural rights and privileges, and against the wilful renunciation of the family idea which with us is ever predominant. It is as much a protest against the greed and neglect of commercialism as it is against the greed and neglect of those parents to whom the family is an industrial unit with a cash value. It creates no social class, and although it represents the profoundest social wisdom, no one thinks of referring to it as social justice. Moreover, civil authority, in exercising its prerogative in the matter of compulsory education, comes into conflict not so often with parental defiance as with the arrogance of compulsory ignorance, which is the autocrat of the industrial despotism of child-labor. But there is a further fact and a simple one, forgotten and obscured, because the Germanizing of America, especially in social philosophy, has converted many to the Continental idea that if the Government can tell men what they must not do, it can also tell them what they must do. With us, compulsory legislation has always connoted the Christian command, "Thou shalt not," issued to all the people and compelling their obedience. It is *right* challenging *wrong*. The compulsion connoted in "Thou shalt" is entirely foreign to us, because, as a rule, it means *wrong* challenging *right* in a command issued to the many or the few by the few or the many. The test of the wisdom and justice implied in the legislation of "Thou shalt," lies in the possibility of translating it into the Christian command of "Thou shalt not" and enforcing its obedience over all the people. Childish innocence is not protected by bludgeoning parental ignorance with the autocratic legislation of "Thou shalt," in order to kill the fundamental democratic and Christian idea of "Thou shalt not." Compulsory education *sustains* the Christian idea of "Thou shalt not."

Vaccination stands on its own feet, and its power represents the combined strength of the arms and the legs of the people. You have your choice between compulsory vaccination and compulsory smallpox, the germ of which is still a potential despot whose potential victims are not some, but all the sons of men. It is the medallion of superior intelligence, not the brand of social inferiority. It legislates into a finality of status, the germs of smallpox, not the hopes of men, and its monuments mark some of the most wonderful achievements of civilized man. In comparison with the numerical weakness and unintelligent stubbornness of its opposition, the numerical strength and intelligent support of its defenders disprove the insinuation that this free gift and universal blessing is tainted with the legislation ideal of "Thou shalt." The eagerness with which the people of the present day seek the benefits of serum therapy exceeds by far the eagerness of the medical profession to enter into this therapeutic field called Serology. This is not intended to suggest the incompetence or backwardness of the general practitioner, but rather to assert my belief that the expert in serum therapy, in so far as he can prove his kinship with great men like Jenner and Pasteur, is the real aristocrat among specialists. Vaccination, having its origin in man's savage and blood-thirsty pursuit of knowledge, shares with education the gratitude and respect of all mankind. They do not have to swing the big stick of compulsion. They come to save man physically, not to destroy him spiritually.

Likewise the compulsion attached to the compensation acts of New York, Ohio, and Washington, created no social classes. The employer cannot but acknowledge his moral responsibility, if he allow his penury or carelessness to expose his employees to serious accident. One of the functions of the compensation act is the elimination, as far as is humanly possibly, of the chance of accident. In any well-governed community, Dives as well as Pauper is compelled by law to neutralize the danger of his icy sidewalk in order that no wayfarer may have to risk his bones. Everyone enjoys the same privilege, or if you will, chafes under an equal tyranny, because in a Democracy Compulsory Accident Insurance is symbolized by the ashes which Dives and his brother Pauper are compelled to scatter upon their icy sidewalks as an outward sign of their belief that all men are born equal, at least with respect to the brittleness of their bones. Compulsory sickness insurance, however, banishes Pauper to a realm where it is always cold, and makes of his life one long "winter of discontent." He is always sprinkling ashes to keep from slipping, today, tomorrow, next year, and the year after. You say that Dives and Civitas contribute to the ash pile. You are right, but they do not contribute to the coal heap. Pauper must have ashes when he cannot afford to buy coal; or he must have sand, when he cannot afford to own a sand pit. I prefer to live in a world where doctors and nurses and undertakers are men and women and not manni-

kins; where hard material poverty is a less hopeless existence for the children of the poor than the spiritual poverty of dehumanized compulsory thrift; and where life for all is to some degree a great adventure guided by Divine Providence, and not a miserable existence in which there is hardly time enough for "chill penury" to cancel beforehand the price of physic and shroud and embalming fluid under the industrial efficiency of a melancholy social justice. I want to live in a world where the doctor and the undertaker can be "stuck."

In finally disposing of any objection to the principle of compulsion, Rubinow, in addition to the arguments which I have answered above, makes this statement: "The claim that this legislation is applicable only to a despotic form of government seems to be readily disposed of by the British Act of 1911." Rubinow is illogical. The truth is that *despotic government is* applicable to all compulsory legislation of the "Thou shalt" type. The character of its legislation is the only test of your form of government. A president may be the head of an autocracy—not long, but long enough to need every variety of compulsory insurance. A king may preside over a model democracy, but if he has any campaigning blood in his aorta to give a tone to the royal variety, he will demand biennial coronations, and exchange the crown and the ermine for a tall hat and a frock coat.

In 1909, Lloyd George, then Chancellor of the Exchequer, presented his now historic budget to the House of Commons. He dwelt at some length upon the humanitarian nature of the program of social legislation which the Liberal Party was carrying through. Among other things, he said: "When Bismarck was strengthening the foundations of the new German Empire, one of the very first tasks he undertook was the organization of a scheme which insured the German workmen and their families against the worst evils which come from these common accidents of life. And a superb scheme it is. It has saved an incalculable amount of human misery to hundreds of thousands and possibly millions of people who never deserved it.

"Wherever I went in Germany, north or south, and whomever I met, whether it was an employer or a workman, a Conservative or a Liberal, a Socialist or a Labor Union leader—men of all ranks, sections, and creeds, of one accord joined in lauding the benefits which have been conferred upon Germany by this beneficent policy. . . . . Several wanted extensions, but there was not one who wanted to go back. . . . . By removing that element of worry and anxiety from their lives, it has improved their efficiency."

In his peroration, he said: "I am told that no Chancellor of the Exchequer has ever been called upon to impose such heavy taxes in time of peace. This, Mr. Emmot, is a war budget. It is for raising money to wage implacable warfare against poverty and squalidness. I cannot help hoping that before this generation has passed away, we shall have advanced a great step toward that good time when poverty and wretchedness and human degradation, which always follow in its camp, will be as remote to the people of this country as the wolves which once infested its forests.

His speech was a tribute to the mastery of the German propaganda which ministered to his every want and every thought during his Kultur-conducted trip through the land across the Rhine. He was converted to the German theory that history is merely the story of man's search for food, and that therefore the masses, in Bismarck's words, "will sound their bird call in vain," if they are plentifully supplied with carbohydrates and cathartics, fats and ferruginous tonics, proteids and proto-iodides. In short, give them compulsory servitude and physiological life lest, like Patrick Henry, they threaten suicide by demanding liberty or death; for, forsooth, modern man will recede to the abysmal brute if he learns that history is one long struggle of spiritual man to free himself from the bondage of vegetable, animal, human, and physical tyranny. In post-war language, Lloyd George was gassed, and England, instead of retreating a long step from poverty, had advanced many leagues toward the long pursued and almost captured phantom of Prussianism. At the very moment in which he was complacently referring to the remoteness of the wolf-infested forests, other wolves, more dangerous, were infesting the highways and the byways, the public edifices and the innermost sanctuaries of his country.

If Lloyd George succumbed to the anaesthesia of Kultur, so did we. From Hanover street, Boston, to Riedesel avenue, Cambridge; thence to Bismarck, North Dakota, and beyond, Kultur replaced the ozone in the atmosphere.

When Burgoyne surrendered at Saratoga, his

troops, including the German mercenaries, were marched across Massachusetts and imprisoned near what is now Prospect Hill, Somerville. Baron Riedesel, who with Breymann, who was killed, commanded the Germans at Saratoga, was quartered at Cambridge in the house now known as the Sewall-Riedesel House, standing on Brattle street, between Sparks street and Riedesel avenue. When I first learned this fact, I was a young pupil in a school near Harvard Square, where I received my early instruction in American history. It happened that the Baron scratched his name on a window-pane which was broken by a painter hired to remove it from its frame in order that it might be preserved in some safer place. I recall with much amusement that in telling us this story, the teacher of history who first impressed us with the turpitude of the mercenary Hessians grew indignantly eloquent as she flayed the clumsiness of the workman who broke that pane of glass. I wonder if that painter was not really a patriot who purposely demonstrated that even loyalty and inefficiency are not incompatible. There can be no reason for naming a street for a man who rented his vassals to kill others; especially when that street is in a small district which is hallowed by such memorials of the Revolutionary Era as the Washington Elm, the house which was Washington's headquarters, and the church in which he worshipped. In this country today, the Riedesels are called gun-men. New York has not named a street for Gyp the Blood.

During the winter of 1903-04, when serving as house officer at the Boston City Hospital Relief Station in Haymarket Square, Boston, I made many an exciting trip on the ambulance behind a handsome dapple gray horse named Bismarck. The name was not altogether inappropriate, for let it be truly said that that dapple gray was no more fascinating as a horse than Bismarck was as a man. I am merely stating some simple facts connected with our Germanization; I do not wish to deride Bismarck, because I think that he had some heroic qualities, and that he was easily the best poker player at the table of international politics where bluff and legerdemain were the primary qualifications. I did not think in those days that had that ambulance horse been named Kosiusko, he would have been no less a thoroughbred if he symbolized by his name our gratitude to neglected Poland. At Saratoga, Kosiusko, a volunteer in the army of America, helped to save us; in the same battle, Riedesel, a hired man in the army of the German King of England, threatened to destroy us. Cambridge has named a street for Riedesel; Boston might have named a horse for Kosiusko. It never occurred to me then how appropriate it was that a rathskellar should be opened on a street called Hanover, or how inappropriate it was to have it in a hostelry called The American House. Here Americans, bored by decadent American life and ignorant of the halcyon days of the old Revere House up the street, sipped from a vessel called a stein their Pilsener and Wurtzburger, or slaked a more expensive and less American thirst with Rhine Wine and Seltzer or *Danziger goldwasser*. Every college class banquet was staged "down where the Wurtzburger flows"; and finding this Kultur idea of salesmanship successful, Fritz lost no time in teaching us to sing "Under the Anheuser-Busch." I take off my hat to Fritz; I am thankful for my hat. This was that carefree period when a young Harvard class used to march into the Stadium or disturb New London and New Haven with the announcement, in an old refrain, that they were "the best companie that ever came over from old Germanie." The joke isn't any more on them than on us. We are all doing an intellectual goose-step. I was present when the old University conferred a degree of distinction on a Hohenzollern, in an edifice dedicated to some gallant gentlemen who gladly gave their young lives "that this nation under God might have a new birth of freedom, and that liberty of the people, for the people, and by the people, might not perish from the earth." On that day, beneath the shield of Veritas sat von Tirpitz, huge in stature and scowling through a wilderness of whiskers. Since then, I have learned that Kultur possesses sufficient elasticity to allow me to link his origin with the Latin word *turpis*, meaning base or mean. The "Lusitania" never had a chance even before she was a thing of blue prints. Vanitas had secured a "toehold" on Veritas.

Finally, in August, 1914, a Kultur-hypnotized world woke from its sleeping-sickness to behold pageant which some have described as mediaeval. It was not mediaeval, but modern. It was efficiency, applied science, and Compulsory Insurance proudly exhibiting the crude art of their Krupp masterpiece of materialistic indus-

trialism. If the German machine which was wrecking Belgium was big with physical power, it was bigger still with spiritual weakness, for the army of the Kaiser was a thing as soulless and as mechanical as any gun turned out of the factories at Essen. Then from out of England, whose process of Prussianization was being completed by the Compulsory Insurance Act, came the cry that Democracy must fight for its life. In the early days of the war, we heard that the common Englishman was not responding to the call, and that the burden was being borne by the sons of gentlemen—gentlemen also, let us hope. How could the common Englishman understand what was meant by Democracy? Was he not being educated to appreciate the beauties and the advantages of a system gratuitously bestowed on him by Germany, the land out of which came everything that was good and perfect? How could these superior people who gave him Compulsory Insurance wish to destroy him?

How could the Irishman share the indignation of England at the German invasion of Belgium? Remembering his history, he surely could not be blamed if he did not forget that England paid these same Germans to invade Ireland and to wreak a more cruel vengeance on the Irish people. It was the fault of England to forget what he remembered—that his fathers had been humiliated at the Battle of the Boyne, when, at the request of England, a Dutchman, named William of Orange, came to devastate his land with an army of mercenaries in which Germany was well represented. Macaulay proudly says: "Germany had sent to the field some warriors sprung from her noblest houses. Prince George of Hesse-Darmstadt, a gallant youth, rode near the king. A strong brigade of Danish mercenaries was commanded by Duke Charles Frederick of Wirtemberg. Among the foreign mercenaries, was a Brandenburg regiment." Macaulay can even mention mercenaries with a thrill of pride. For the benefit of those who do not know the early history of the Hohenzollern family, let me say that they were at this period grafting politicians and ward bosses in the Mark of Brandenburg. Their business was raising soldiers and renting them at good profit to England, where they found a ready market. In short, they raised soldiers for the market as we raise geese. This is the origin of the goose-step. Irishmen will please take notice that the Hohenzollerns began to have a good practice after the Battle of the Boyne. They made good for England, not only at the Boyne, but also at Limerick, where Sarsfield more than two hundred years ago first discovered that a treaty was a scrap of paper. Belgium was not conceived when the Treaty of Limerick was Prussianized by England.

Although the Irishman did not remember everything, he did not forget that when Gladstone went down to defeat in 1886 on the Home Rule Bill, a Lord named Salisbury became Prime Minister. Salisbury did not give Home Rule to Ireland; he did give Heligoland to Germany. He swapped a long-range gun in the North Sea for a dull jackknife in Africa. And if it be a doubtful truth that the English fleet was our first line of defense, it was because of the real truth that Heligoland had been abandoned as the first line of defense for England. The Irishman would have been a dullard if he forgot that only a few short months before, in March, 1914, Brigadier-General Gough and fifty-seven other officers of the Third Cavalry Brigade announced that they preferred to accept dismissal from the English Army rather than be ordered to act against Carson and his Ulsterites in putting down the rebellion against Home Rule. For more than two centuries, the son of Erin had been the unhappy victim of Prussian cruelty instigated by an English-speaking nation which proclaimed its sympathy for German methods of government even before that day when they imported from Germany the first member of the House of Hanover, George I., who could not speak English, until that day, not many years ago, when a Germanized English people supinely accepted that supreme piece of Prussian legislation from a ministry whose ideas of Democracy were learned from a book called "Kultur," in which Democracy is defined as a psycopathic condition between a delusion and an hallucination. Is it any wonder that the common Englishman and the unhappy Irishman refused to believe their eyes? Soon, however, they were to find out that for them, too, in this denatured world, de-Germanization is the first law of self preservation. England could not mobilize until she made an honest attempt to de-Prussianize.

The spring of 1918 was scowling upon a sorrowful world when Douglas Haig, a Knight who might have sat with King Arthur at the Round Table, announced that his men were fighting

with their backs to the wall. He would have been more accurate had he said that they were fighting with their faces toward the fiendish cruelty of a system which made beasts of men. If at home in the spending of his wages, the prodigality of the English Tommy was limited by the Compulsory Insurance Act, here where the wages was death, there was no limit placed upon his extravagance. Thus the battle went, not to those who were born into Prussianism, but to those who, though legislated into it, were determined that their children should not inherit is as a birth-wrong; and thus that old pun of Gregory the Great, "*non Angli, sed Angeli,*" became a prophecy fulfilled—these common Englishmen were men with souls. Dehyphenation was disinfecting the world. Having had no one at home interested enough in him to unravel the complexities of his Anglo-Saxon pedigree, the common Englishman became his own tutor in France, and he never stopped to inquire who the devil a bally Angle was when he found the Saxon in the ranks of the Kaiser.

At the lower end of that line of battle, the day was almost lost when Gough at the head of the Fifth Army Corps failed to maintain his contact with the army of Foch. This was the same Gough who a few years before showed his Prussian spirit by refusing to oppose Carson and his brother Ulsterites, although *de jure* and *de facto*, they were rebels. His experience in France with the troops of the Hohenzollern family of Brandenburg was less delightful than that of a former generation of Goughs and Carsons who fought on the same side with the Brandenburg brigands at the Boyne. The Hohenzollern hinds were no longer on the payroll of England.

Down that long line of carnage and desolation stretching from Switzerland to the sea, history, many said, was in the making. It is paradoxical, I admit, but more true, that history was in the unmaking. The descendants of those who fought under Wellington were fighting with and not against the descendants of those who fought under Napoleon. For the first time in her history England was fighting against her old ally of Waterloo. And now with her very existence threatened, she sought the leadership of Foch, that master of Napoleonic strategy, that Sir Galahad, who represented nothing in defense of which either England or Germany had established their perfidious reciprocity of mercenary militarism. She had imported hired German troops into Ireland; she had placed a German line of rulers upon her throne; she had sent an army to the continent to help Frederick the Great, of the family of Hohenzollern; she had sent German gun-men, under Riedesel and Breymann, to fight against us in the Revolution; she had stood with Blücher and his Prussians at Waterloo; she had uttered no emphatic protest when Bismarck took Schleswig-Holstein from Denmark, and pried Alsace-Lorraine off the land of France with his military-diplomatic "jimmy"; she had given over Heligoland to the Kaiser; she had abetted the German attack on Venezuela in 1902, when the Kaiser, under the pretence of attempting to collect some money due to Germans, was in reality testing the readiness of Theodore Roosevelt to defend the Monroe Doctrine; she had legislated her industrial population into the Prussian system of Compulsory Insurance; she had allowed to go unpunished the disgraceful affair in Ulster, which gave Germany good cause to eliminate her as a serious opponent in war; and here she was on the soil of France fighting to avoid destruction by a power which she in a large measure had raised to its present state of unmitigable arrogance. England, at least, did not deserve the hatred or ingratitude of Germany. I am but expressing the opinion of a living Englishman, who, paraphrasing the words which Shakespeare put into the mouth of Wolsey, said that *if England had served her God with half the zeal she served the German kings, there would not have been one remnant of them in her path either to slander or to slay her.*

The American who is constantly reminding his countrymen that England is not hostile to us may see in this indictment an evidence of our hostility to England. Imperfectly understanding his history and lacking genuine appreciation of the Democracy in which he is privileged to be a citizen, the American Anglophile type of patriot is a weak advocate either for England or for this country. We are not hostile to England just because we do not choose to forget our history. We did not leave her as a bride tearfully going forth from her father's house, richly dowered, and fortified with the family blessing; but after seven long years of bitter sacrifice, we went our way, a struggling nation, "with malice towards none

and charity for all." We are not hostile to England just because we understand *her* better than she understands us. We did not steal her institutions, her language, or her common law, any more than we stole the idea of covering our nakedness. There are some things which cannot be patented. We do not dislike dukes or princes; we like men. We do not think that England is discourteous or hostile; we believe that she is ponderously courteous but socially prudish. Possessing a courtesy which is part of our sense of humor, and being unwilling either to offend or condone the idolatry of worshipping social caste, we allow ourselves to become towards her prudishly sociable; she, possessing a courtesy which is entirely lacking in a sense of humor, cannot understand that we assume this pardonable virtue in order to be merciful to her unpardonable social chastity. She having a House of Commons, thinks that we are common; we, having no House of Lords, do not believe that she is altogether uncommon. She endeavors to hypnotize us with her hoary antiquity by continually reminding us that she is an incubator for the "sons of gentlemen." We do not think that we are parvenus because we make a specialty of breeding "fathers and grandfathers of gentlemen."

Some years ago, the American Ambassador to England invited an American girl to attend with him the coronation of King Edward VII. in London. When, however, a debate arose as to whether she should be received as a princess, both she and her father lost their patience and the proposed trip was abandoned in disgust. That young lady was the daughter of the then President of the United States. Her father was Theodore Roosevelt.[2]

Many years ago, the late John L. Sullivan, then the champion of the world in a sport called the manly art, was kind enough, while in London, to honor the invitation of an athletic club to box an exhibition before the late King Edward, then Prince of Wales. On presenting himself at the club entrance with his friend, Arthur Brisbane, the journalist, at that time an American correspondent in London, Sullivan was told that his friend could not accompany him. The reason given was that Brisbane was a newspaper man. Thereupon John L. decided that there would be no exhibition, and of course the Prince of Wales, as well as Sullivan and Brisbane, enjoyed the bout.

These are mere trifles, you will say. They *are* trifles; and that is *exactly* what the matter is with England. She obscures our vision with a smoke-screen of pettiness, and expects us to confuse it with *our* horizon. If she would only get rid of that "cussed" smoke-screen, she could catch up with us—in three generations.

France, with all her foibles and follies, had something left of the virtue of consistency. Now, as always, she was fighting the Hun. Preyed upon by German propaganda, bringing Socialism in its wake; maligned as a leper fiendish in his lust for women, the Frenchman was at least proving to the world that infra-men might fall victims to women and yet not be vanquished by any foe among supermen. And if there were some short-sighted individuals whose hatred of France led them to espouse the cause of Germany, it was an indication not of the decadence of France, but of the moral debility and ignoble rage of an era, in which nations and individuals, loudly professing a militant Christianity, allied themselves with the Turk by walking like wolves into that pen of devilish philosophy from which is shouted that specious slogan of materialistic internationalism, "the brotherhood of man and the Fatherhood of God." I am not forgetting that in 1878, nine days before the Congress of Berlin met, Great Britain concluded a treaty with Turkey, whereby in return for permission to occupy the island of Cypress, she pledged herself to maintain, by force if necessary, the integrity of the Sultan's remaining possessions in Asia. Furthermore, she was a party to the crime of thrusting the Macedonian Christians back under Turkish rule, because she believed that her own interests at the Dardanelles demanded a Turkey strong enough to defy Russia. This was Disraeli's "peace with honor." Germany was only imitating her tutor when she sold herself to the Turks. Even France had shaken the hand of the Turk, when under Louis Napoleon she entered the Crimean War on the side of England and Turkey, and afterwards subscribed to that pleasantry in the Treaty of Paris which stipulated that Turkey's promises to be a good boy gave no power the right to interfere on behalf of the Christians. Verily, cleanliness is next to deviltry, when empires take a Turkish bath.

The Bible and the Koran; Christianity

and Islam; Christ and Mohammed. If, after July first, that is the only cocktail left for us to drink, I am for a bone-dry world, even to the waters under the earth. One might think that hating France for her infra-socialism consisted in loving Germany for her super- socialism. Yet neither the infra-socialism of France, nor the super-socialism of Germany, nor the refined anarchy of a Turko-Prussian despotism was able to break Foch, or to cause him to doubt for a single instance the justice of his cause. If France, like many of us, forgot much, Foch, unlike most of us, remembered more and saved us all. Hearing some men of Irish blood disparage France and glorify Germany, one would think that Saint Patrick was a Brandenburger and that he came out of Germany to Ireland. If the man of Irish blood has preserved his nationalism, if he has remained true to Christian ideals, if he does not fill the ranks of anarchy, if his women do not include many more than a corporal's guard in the army of prostitution, if he stands for the authority of wise and just democratic government,—he owes his heritage to the teaching of Patrick and not to Prussianism. If the despotic Socialism of France slaps you on one cheek, don't turn the other to the despotic, even though Imperial, anarchy of Prussia. Surely France could not love Saint Patrick less than Prussia loved Saint Thomas Aquinas or England Saint Thomas Becket.

There isn't much to be said in favor of the negative sympathy and sentimentality of those who, deprived by the exigencies of war from making a holy pilgrimage to Germany to drive a gold nail into the wooden statue of the brutal-faced Hindenburg, eulogized him and his master in language more befitting the innocence and spirituality of Joan of Arc, or the humility and intellectuality of Pasteur, the hems of whose garments no Hohenzollern or Hindenburg or Hapsburg or Hanoverian was ever worthy to touch. Let those who would know the indebtedness of the world, and especially of Germany, to France read the life of Louis Pasteur. In that one Frenchman there is a debt which can never be cancelled. But particularly let them take notice of this: France did not give, either to Germany or to the world, Compulsory Sickness Insurance. In fact, in both France and Belgium, Compulsory Sickness Insurance is a dead letter, because it never was a live issue. Having ensnared the political demagogues of France and their following of treacherous and traitorous puppets, but having failed to catch the multitude of simple French people, Kultur engaged in one of the most damnable campaigns of indecency recorded in the entire history of human degradation. Shamelessly and insidiously, crawling on her belly along her slimy course, she defamed a whole race of people as human vermin sunk to the nadir of vileness and degeneracy. But Kultur is a paradoxical performer. What she built to be a dung-hill, turned out to be a fortress, and those whom she branded as weaklings qualified as giants. On the apex of that Kultur-corroded knoll stood Foch, the soul of Veritas, confounding the Vanitas of a people *whose army could not take a dung-hill by storm!*

When the elder Pitt, in answer to those who criticized him for sending an army into Germany to help Frederick the Great, said: "If I send an army into Germany, it is because in Germany I can conquer America," he would have changed the whole course of history had he intended that statement to be an example of rhetorical irony. Had he not lacked the humor to be ironical as well as the statesmanship to visualize the future, his boast would have meant, "If I send an army to America, it is because in America I can conquer Germany." It was precisely because this did not happen in 1918 A.D., that America sent an army into Germany, not to conquer Germany, but to help England to retrieve, in part, the historic, diplomatic, and rhetorical Teutonic blunder of Pitt, the Earl of Chatham. He might have made impossible the rise of the United States of America and the German Empire. We were paying an old debt to Lafayette, de Grasse, Rochambeau, and Pasteur. The American soldier was not a product of Prussianized legislation. Along that whole line from Switzerland to the sea, there is not a solitary argument in favor of Compulsory Health Insurance, either west or east of the sad memorials which mark Prussian efficiency in Compulsory Desolation.

I have no apology to offer for placing this subject in the simple frame of historical truth. In the entire history of the two nations where this compulsory legislation has been enacted, there is no evidence to lead us to believe that it is supported by an ethical arch. It is a bloodless solution by the economics of

materialism. It is as heartless as the alliance *with* the Turk, and the abandonment *to* the Turk of the Macedonian Christians. It is the demotion of Christian philosophy in favor of mathematics—and grammar school mathematics at that. I know that it is the custom in our day to sniff at ideals as platitudes, and idealists as dreamers—a custom which is a haven of refuge for the fellow who is constantly objecting that the other fellow isn't practical. It is this practical fellow who falls for the "brotherhood of man and Fatherhood of God" stuff, because he isn't practical enough to understand that the Fatherhood of God *is* the brotherhood of man. "Let us first construct the brotherhood of man," he argues, "and, presto, you have the Fatherhood of God." This fellow is too *practical* to know the difference between cause and result. Let me say to my practical friend that he is a blind stool-pigeon for the materialism of individualism and internationalism, and that he is preparing himself for serfdom in that economic Utopia of Bismarck, the fatherhood of barons and the brotherhood of serfs. That is what I mean by Libertas and Aequalitas looted by Fraternitas and Paternitas. The practical fellow too often learns his philosophy of government and of life in a correspondence course on the psychology of salesmanship established by our old friend Fritz. But observe that Fritz does not offer any courses in the psychology of buying!

This *caveat emptor* (let the buyer beware) idea of business has led to the *caveat civis* (let the citizen beware) idea of government, and while such an idea maintains either in business or in government, justice, call it legal or social, as you please, will be a mere hypocrisy, in which might or cunning will always prevail over right unless we have a Lincoln or a Roosevelt to lead us. This devouring, insatiable, and lawless appetite for material advantage, which Woodrow Wilson calls "the New Freedom," but which Theodore Roosevelt called the old, old, freedom, is a pathological condition imposed upon civilization by the industrial frenzy which subordinates everything *from life to life everlasting* to the creation of world markets, and to the artificial regulation of the old natural law of supply and demand. Unhappily the problem which Health Insurance is attempting to solve is ever present, and moreover, I would be the last one to deny the advantages of insurance, health, or any other kind. My purpose is merely to assert that in this country, the family, which is the spiritual unit of the State, cannot also be the spiritless unit of industrialism. The triumph of industrialism means the Absolute State, the last act in the exploitation of the poor and lowly of mankind. This whole subject is so vast that it must be debated and settled in the forum of the Nation; because otherwise its solution will be a horrible nightmare induced by the crazy-quilt created from multiform and multi-colored patches of State legislation. Before our Country attempts to wrestle with sickness and unemployment insurance, we must have more compulsory decency, more compulsory democratic government, more compulsory Americanism, and more of that compulsory practical Christian Philosophy, both in business and in government which is symbolized by the square deal and the big stick—yes, and by every act in the all too short life—of Theodore Roosevelt.

"Far-called our navies melt away—
On dune and headland sinks the fire—
Lo, all our pomp of yesterday
Is one of Nineveh and Tyre!
Judge of the Nations, spare us yet,
Lest we forget—lest we forget!"

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KÖHLER'S DISEASE OF THE TARSAL SCAPHOID IN CHILDREN.

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Köhler's Disease of the tarsal scaphoid is probably a non-infectious process confined, as its name implies, to the tarsal scaphoid, seen only in children, clinically characterized by swelling of the foot, pain on palpation and weight bearing, usually without constitutional signs, giving some history of trauma and presenting a distinct roentgen picture and a good prognosis.

The affected scaphoid returns to normal with

indifferent treatment and fundamentally the disease appears to be due to delayed development of the ossific centre of this bone, which is stimulated to osteogenesis by traumatism (although the pathogenic organisms have not definitely been ruled out as causative agents) much as the isolated embryonic cells are supposed to be in carcinoma. The pain and swelling may be due to a post-traumatic osteitis.

Less than a score of cases have been described in the literature so that to date it may be considered rare. Doubtless, before Köhler's[1] study in 1918 and since that time when he reported three cases, it has been frequently diagnosed as cold tubercular abscess. As its characteristics become more widely known, no doubt we shall speak of it as something infrequent but not rare.

Pfahler,[2] in 1913, reported a case, and at that time reviewed the literature, including Köhler's three cases and one each reported by Behn, Dobisch, Haennisch, Preiser, and Schaffer. Pfahler's case was in a boy three and a half years of age, who had recurrent attacks of lameness in the right leg which came on suddenly, lasted several weeks, and then disappeared. All of these cases were in boys, and four gave a history of traumatism. Pfahler's case gave no such history and in his case the lameness and pain disappeared in two days, which he thinks is against compression fracture which Stumme[3] holds is the condition really present. Pfahler concludes that because of the increased density at the point of ossification noted in the roentgen plates, the process is an inflammatory one, an osteitis probably of traumatic origin, which interferes with development of this bone.

Rotch and George,[4] in 1910, described a case which occurred in a boy six years old. The roentgen examination showed a very much undeveloped scaphoid in the left foot. This boy had a twin brother in whom the roentgen ray showed a very much undeveloped condition of the scaphoid but to whom this abnormality did not cause any trouble.

Schultz,[5] in 1912, made a study of seven cases and believed that the narrowing of the scaphoid is due to injury, probably a fracture of the ossification centre of this bone.

Wohlauer,[6] in 1913, reported three cases. He states that while trauma may be a factor, that the condition is due primarily to defect in the mechanism of bone development.

Fassett,[7] in 1914, suggested that the condition is a tubercular process healed and sclerosed, attention not being drawn to the foot until the wall of cicatrization is broken down and causes pain.

Hetzel,[8] in 1917, reported a case of his own and reviewed some twelve cases in the literature. He, too, believes that while trauma may be the exciting cause of the condition it is not the fundamental one. His own case was carefully studied and showed a negative Von Pirquet and negative Wassermann. He notes that the roentgen picture in tuberculosis and Köhler's disease are not alike. The fact that the scaphoid returns to normal anatomical appearance would seem to rule out not only tuberculosis but also the theory of compression fracture and pathogenic osteitis.

Stumme has carefully described the appearance of the roentgenogram in his case showing the trabeculae of bone pushed together with a little splinter of the cortex broken off, and suggests that because of the flat shape of the scaphoid in contradistinction to that of the cuboid and cuneiform this tarsal bone is anatomically favorable for injury of this type. Hetzel and Pfahler, however, point out the absence of history of injury in a large number of the cases as well as the gradual onset which would be against such a conclusion.

Preiser[9] also inclines to the possibility of this disease being a compression fracture and has reported several cases of fracture of the carpal scaphoid following a slight injury which was sufficient, however, to disturb the blood supply to the bone, permitting a rarefaction and consequent compression fracture. No bacteriological or microscopic studies have been made in these cases, naturally enough because of their spontaneous cure, and Hetzel points out that Kidner has reported a case of Perthes' Disease, similar in some respects to Köhler's Disease, upon which he operated and recovered a staphylococcus aureus of a blood stream infection, mild in character and capable of spontaneous cure. Operation on a case of Köhler's disease might disclose the same condition, and in this condition Madelung's deformity of the wrist, the true nature of which is still a matter of speculation, should not be lost sight of.

It is known that the scaphoid is among the last of the bones of the tarsus to ossify. Haennisch[10] believes it to be a defective ossification of the epiphysis of traumatic origin.

The symptoms of all cases have been similar, with onset sudden or gradual, limping, with pain on weight bearing or on palpation, with swelling with and without redness over the scaphoid. The roentgenogram is typical.

Bertolotti[11] has written at length on the x-ray appearances, which in substance are as described by Köhler, and summarized by Hetzel. The scaphoid shows changes in four ways: 1, Size. One-half to one-quarter smaller than normal; 2, form entirely regular; 3, architecture impossible to recognize, cortex and spongy portion running together; 4, density increased two to four fold.

The prognosis seems to be invariably good. Köhler says the disease may extend over a period of two to three years. Wohlauer points out that the trouble disappears under different or indifferent forms of treatment. Most writers report rest and support in some form.

Case Report. Girl, aged 3 years, referred by Dr. E. J. O'Brien, December 29, 1918, for roentgen examination. Chief complaint, limp with pain and swelling, without redness, in left foot over scaphoid. Family history, father and mother living and well, home surroundings excellent, no other children. Personal history, normal birth. Past history, none of the diseases of childhood, no illness until present. Present history, one week ago child began to limp and on inspection of foot parents noticed left foot swollen and painful. At no time was there any redness of the foot noticed. Child gave an indefinite history of having tripped over some object or having been struck with plaything by one of her companions. No constitutional signs.

Fig. 1.—Arrow points to affected scaphoid. Normal scaphoid is seen on right foot.

Fig. 2.—Lateral view of affected tarsus.

X-Ray Examination. Both feet were examined and the typical appearance in the left scaphoid (Fig. 1) detailed above was made out, the affected scaphoid being smaller than normal, irregular in outline with no distinction between cortex and spongy portion and much increased in density. Patellae* not radiographed.

Subsequent Roentgen Examinations. January 1, 1919, showed increase in size and decrease in density. February 17, 1919, showed further change toward normal. Patient meanwhile had been in plaster cast which has been removed and patient now is about without any support and without clinical signs.

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[9] Preiser: Berlin. klin. Woch., 1911, xlviii, 595.
[10] Harnisch: Münch. med. Woch., Vol. 55, ii, No. 44, p. 2285.
[11] Bertolotti: Radiol. med., Torino, 1915, ii, 405.

REPORT OF THE INFLUENZA EPIDEMIC AND EXPERIENCE IN THE USE OF INFLUENZA VACCINE "B" AT THE WRENTHAM STATE SCHOOL, WRENTHAM, MASS.

By George L. Wallace, M.D., Wrentham, Mass.
Superintendent.

The total number of cases of influenza at the Wrentham State School during the months of September and October was 740, with a mor-

* In one case reported by Köhler a similar pathological condition was noted in the patella.

tality of 27 cases. The infection was general, extending to all departments of that institution.

The epidemic was brought to the institution by two employees who had been away from the school for a few days and returned to the institution ill. The first employee returned on September 12, and the second, on the 15th. Neither of these cases was seriously ill and at first were considered severe colds. In a few days, however, many of the inmates and employees of the institution became suddenly ill, manifesting influenza symptoms, and by the 20th, the invasion had reached the epidemic stage, there being on that day 122 persons ill of influenza at the institution.

As soon as we learned we could secure influenza vaccine, we began to vaccinate our employees. Through the kindness of Dr. Leary we were able to obtain vaccine to use for prophylactic purposes for all our employees who cared to avail themselves of this treatment. We vaccinated 71 employees. Out of this number five afterwards contracted the influenza. Fifty-eight employees were not vaccinated, and out of this number 38 contracted the disease. We also vaccinated 30 of our high grade girls who constantly assisted in the care of the sick, and out of this number three contracted the influenza.

In a building in which lived 156 inmates, 28 inmates were vaccinated. Out of these 28 vaccinated cases, only one contracted the influenza. Of the 128 unvaccinated cases in this building, all equally exposed with the vaccinated cases, 64 contracted the disease.

A NEW INCISION FOR APPENDECTOMY.

BY LEIGH F. WATSON, M.D., CHICAGO.

MANY writers have noted that in the cadaver the base of the appendix is found at McBurney's point, while in the living subject it is below this point, usually on a level with the center of Poupart's ligament. A number of operators have called attention to the ease with which the appendix can be removed when operating for right inguinal hernia. Since 1910, I have used a new incision, with its center over the base of the appendix, and believe that in many cases it is an improvement over those in general use.

Incision. A point one and one-half inches from the right anterior superior spine, on a level with a line connecting the two superior spines, is selected for the beginning of a vertical incision which extends directly downward for two or three inches to a point just above, and to the inner side of the internal abdominal ring.

Advantages. Traction to expose the appendix is avoided, because this incision, in the external oblique and its aponeurosis, the most resistant structures, is directly over the base of the appendix. It can be enlarged without weakening the abdominal wall. The ilio-hypogastric and ilio-inguinal nerves are not injured because the incision lies between them. Because this incision is made over the cecum, the small intestines do not crowd into the wound as they do when the McBurney and lateral rectus incisions are used.

PNEUMONIA AND EMPYEMA.

BY FIRST LIEUT. HORACE GRAY, MEDICAL CORPS, U. S. ARMY.

[From Medical Service, Base Hospital, Camp Devens, Mass.]

(Continued from page 424.)

37. *Consolidation Clinically*, yet not at autopsy has several times been the dismay of the ward surgeon. Fluid and a *compressed* lung were all that were found. This may have been the pneumococcemia without pneumonia, as just discussed. On the other hand, we cannot yet exclude (sceptical though we may be) the possibility that the lung may have been truly solid and later resorbed. Such a process is, however, indicated by a case report by Cole (p. 1150) of "typical lobar pneumonia during convalescence from measles. The blood culture showed the presence of pneumococcus type I. He developed fluid in the left chest which was purulent, and contained pneumococcus type I. and S. haemolyticus. He died three days after the tapping, and at necropsy no pneumonia was found, but several small abscesses in the left lung and a very large amount of purulent exudate in the left pleura."

Summaries of our five cases follow, in order of the volume of fluid found at autopsy. The fifth case, 7075, is especially convincing, because there was so little fluid and no atelectasis that the clinical findings of solid lung could hardly be ascribed to atelectasis even by the greatest doubter.

Reg. No. 11218, a clinical lobar pneumonia, L.L.L., organism unknown, developed on the sixth day an empyema, 3cc. cloudy fluid, showing in culture streptococci. Patient died the next day, and gross pathology showed no pneumonia but complete atelectasis of the left lung with 2600 c.c. pus.

Reg. No. 12192 a clinical and X-Ray lobar pneumonia, L.L.L., type IV, developed on the sixth day an exudate, 80 c.c., turbid, showing a smear of occasional pneumococci but a negative culture. Despite this apparently benign effusion he died on the 11th day, and the morbid anatomy showed: "Atelectasis of the entire left lung but no evidence of pneumonia at present," *2200* c.c. fluid in the left pleural cavity.

Reg. No. 12313 a clinical lobar pneumonia, L.L.L., organism unknown, died without diagnosis of fluid. Necropsy showed *1200* cc. with multiple abscesses of the left lung but no pneumonic consolidation.

Reg. No. 8920, a clinical lobar pneumonia, R.L.L., organism unknown, on the eighth day developed empyema, *550* cc. pus, growing streptococci. He was operated on the same day, and 500 cc. obtained. He died 25 days later, and on the table showed no pneumonia but only 150 *cc.* in the right pleura.

Reg. No. 7075, a clinical pneumonia of both lower lobes, organism unknown, on the 20th day developed bilateral empyema, 60 cc. from the lt. and 100 cc. from the rt. side, both turbid and both growing streptococci. He was promptly thoracotomized on the left but no fluid was obtained. He died 24 days later, and on the table showed *no fluid* in either chest, but only a broncho-pneumonia on the R.L.L. and a "questionable pneumonia" of the L.L.L.

38. *The Time of Development* of 60% of our empyemas was within the first two weeks of the pneumonia. The mortality of empyemas developing within one week after the onset of pneumonia was 41%, vs. 26% in those developing during the second week of the pneumonia, and 7% in those developing later.

TABLE XXIV. TIME OF ONSET OF EMPYEMA.

	No. of Cases	Per Cent. of All 77 Empyemas		No. Dead	Case Mortality
In 1st week	27	35%	60%	11	41%
In 2nd week	19	25%		5	26%
In 3rd week	6			1	
In 4th week	7			0	7%
In 5th week	1			0	
Post mortem	17			17	
Total	77			34	

39. *The Value of Operation* was great. Unoperated empyemas with mixed pneumococcus and streptococcus were 66% fatal, with streptococcus without pneumococcus 71%, and with pneumococcus without streptococcus 79% fatal. A positive culture of streptococcus, and even more of pneumococcus (contrary to the opinion in the past), indicates operation, in the feeling of the medical service. The surgeons are inclined to demand in addition a certain amount of pus or embarrassment of respiration. The operated empyemas were only 21% fatal, while of the unoperated 74% died. The large number of unoperated empyemas, 34, was due mainly to failure to diagnose 17 of the cases; of the remaining 17 unoperated cases, nine were refused operation and lived, while eight were refused operation and died. These eight were refused operation because the surgeons felt that their slim chances were more likely to be wiped out by operation than improved. In other words, they too frequently had purulent polyserositis (in 4) or were in extremis.

TABLE XXV. EMPYEMAS OPERATED AND NOT OPERATED.

		No. Cases	Dead	
			No.	Per Cent.
Pneumococci alone.	Operated	8	0	0
	Not operated	14	11	79%
	Total	22	11	50%
Streptococci alone.	Operated	26	8	31%
	Not operated	14	10	71%
	Total	40	18	45%
Pneumococci and streptococci mixed.	Operated	7	1	14%
	Not operated	6	4	66%
	Total	13	5	38%
Unknown organisms.	Operated	2	0	0
	Not operated	0	0	0
	Total	2	0	0%
Not operated.	Diagnosed	17	8	47%
	Undiagnosed	17	17	100%
	Total	34	25	74%
Operated.	Total	43	9	21%
Total empyemas		77	34	44%

40. *Early Operation* was *apparently* associated with high mortality, 44%, vs. 7% for the empyemas operated more than two days after the diagnosis was made. In reality this high early

mortality may have been dependent on the fact that the patients were so severely sick that delay in operating was not considered. For proof there is still needed paired cases of about equal gravity, one patient operated immediately on diagnosis and the other after an interval, of perhaps four days.

TABLE XXVI. TIME OF OPERATION.

	No. Emps.	No. D.	Case Mortality	
Operated on 1st day of emp.	6	3	50%	44%
2nd	10	4	40%	
3rd	2	0	0%	7%
After 3rd	25	2	8%	
Total	43	9	21%	

41. Nature of Operation was in all the cases in this series thoracotomy alone *i.e.*, incision into the pleura without costectomy.

42. The Pathological Anatomy of pneumonia has long been *lobar* and *broncho* (lobular). The latter has recently been subgrouped by Maccallum (p. 1153) into *lobular* pneumonia (the usual bronchopneumonia) and *interstitial bronchopneumonia*. The latter is "already fairly well known . . . . In children as a sequel of measles." He goes on to emphasize on the basis of his studies in Texas:

a. That the frequency of interstitial bronchopneumonia in *adults* has not been appreciated. This failure has presumably been due to the fact stated elsewhere in their joint article by Cole: "The study of these cases has not made it possible to differentiate clinically between—interstitial bronchopneumonia and—lobular pneumonia. Consequently in clinical discussion all these cases are termed bronchopneumonia."

b. That complicating empyema is frequent in adults though not in children.

c. That "the hemolytic streptococcus is the true causative factor."

Some of our postmeasles bronchopneumonias have been found histologically to resemble Maccallum's microscopic description. The gross morbid anatomy of these lungs has been startling, "like a sponge soaked in a pail of thin bloody pus." (Camac ?)

43. Lobar vs. Confluent-Lobular. Clinically "very often it may be impossible to definitely determine with which of the two forms we have to deal." (Norris, p. 265.) Five cases in this series were clinically lobar but pathologically proven confluent-lobular. Per contra, one case diagnosed lobular was proven by autopsy to be lobar; and another case (at first diagnosed lobar) developed on the day before death such general râles through both lungs that the diagnosis was changed to confluent-lobular bronchopneumonia, yet necropsy showed lobar alone. Incidentally this case emphasizes the remark in paragraph 12, (*a*) III, that bronchitis is *part* of the disease lobar pneumonia, just as indeed has long been recognized in broncho-pneumonia. In fact bronchitis has been regarded as so intimate a part of broncho-pneumonia as to result in the frequent teaching that broncho-pneumonia is always bilateral, a view shown by Major Davis here to be often incorrect.

44. Empyemas Undiagnosed till post mortem made up seventeen out of the total of seventy-seven. Of the seventeen, eleven followed lobar, and six broncho-pneumonia. Fourteen had 250 c.c. or more and might, therefore, have been recognized. Only three of the seventeen undiagnosed had had an exploratory thoracentesis and in these it did not help because the fluid was encapsulated, 10,250 and 500 cc. Some improvement was noticeable for awhile, inasmuch as out of the empyemas occurring in the first 100 pneumonias, 23% were undiagnosed, while of the empyemas in the second hundred pneumonias only 12% were missed, and of those in the third hundred, 8%. Then there was a rise: of those in the fourth hundred, 40% were missed and 100% of those occurring in cases 401-485.

Pneumonias	Empyemas	Undiagnosed
1-100	26	6= 23%
101-200	17	3= 12%
201-300	22	2= 8%
301-400	10	4= 40%
401-485	2	2=100%
	77	17

This variation in the number of empyemas undiagnosed at different times is much less striking when we compare the number missed in successive tens of empyemas. By this method, the only striking figure is the last; 5 missed out of 7. Since the interest here in tapping chests has not relaxed, it seems probable that the above variations are largely fortuitous rather than due to carelessness. The last figure, however, five out of seven, is probably not chance but is due to the rather smaller amounts of fluid (20-400 cc., average 189 cc.) in these seven patients, all negroes; and to the frequency of polyserositis (more than one cavity involved in five cases). The number of cases

missed is, however, too small to justify very definite conclusions.

Empyemas	Emps. Undiagnosed
1—10	3=30%
11—20	2=20%
21—30	2=20%
31—40	1=10%
41—50	2=20%
51—60	0=00%
61—70	2=20%
71—77	5=71%
77	17

15. What *fatal cases might* have been saved? Possibly all these undiagnosed empyemas, had they been detected and drained. From the three facts, however, (*a*) that these patients were so prostrated by the severity of their infection, (*b*) that autopsy so frequently showed pus not only in the pleural cavity but also encapsulated between the lobes, free in multiple lung abscesses, in the pericardium, even in the peritoneum; also septicemia with and without hemolytic jaundice, (*c*) that in particular one of the drained empyemas still got pus both in the other chest and in the pericardium, we feel that detection and operation could not have saved more than three. Further analysis of the fatal cases reveals nothing striking.

The cause of death we have felt unable to ascribe specifically to simple pneumonia, mass of fluid, or multiple infection; but only in a general way to sepsis. And to the *severity* of the infection we have attributed these various factors, which we have regarded as complications, sometimes present, sometimes absent, in the severest septicemias.

(To be continued.)

Book Reviews.

Anatomy and Physiology for Nurses (Fifth Edition). Diana Clifford Kimber and Carolyn E. Gray, R.N. New York: The Macmillan Company, 1918.

The fifth edition of this intelligent presentation of the subject of anatomy and physiology of the human body is now ready. The main object in the new revision is the basic importance of physiology. This is constantly borne in mind throughout the book. The approval with which the previous editions have been received leaves little more to be said. Those who are already familiar with the efforts of Miss Kimber and Miss Gray have taken advantage of this textbook, which is a most satisfactory one from the viewpoint of the instructor as well as the pupil of anatomy and physiology. For the pupil nurse this volume is unquestionably a valuable possession. It is necessary for a student to have the clearest possible conception of a subject as her study progresses and it is also necessary that an instructor shall have a simple and progressive method of presenting his subject. This book serves both purposes well. Because the authors believe that every teacher will wish to follow his own method of teaching, no attempt has been made to change the arrangement of chapters in this edition. Each chapter is replete with excellent illustrations and a summary table of the topics discussed is added at the end of every chapter. A glossary of terms used throughout the text serves as a further aid in explaining the very clear discussion of the various structures and functions of the body.

American Red Cross Textbook on First Aid. (Woman's Edition.) By Col. Charles Lynch, M.C., U.S.A. (2d Edition.) Philadelphia: P. Blakiston's Son & Co., 1918.

Since the first publication of a woman's edition of this handbook in 1913, many thousands of women all over the United States have learned the great importance of immediate, intelligent treatment of the sick or injured in the absence or until the arrival of a physician. In practically every city and town, classes have been formed and instructed by authorized physicians who have endeavored to teach inexperienced women just what "First Aid" treatment embraces. It is a difficult matter to state exactly how far an inexperienced person should press her treatment, but a great many times serious results can be averted by reference to this manual of First Aid; where the author has tried to omit everything not strictly "first aid." As a textbook in Red Cross classes this book has been taken as a general guide by instructors who modified or amplified their interpretation of the text as suited to the individual idea of presentation of the subject. No change has been made in the arrangement of chapters in this second edition. The treatment is still grouped under the following headings: General directions for giving First Aid, description of the simple bandages, fractures, wounds, hemorrhages, injuries due to heat and cold, artificial respiration, poisoning, common emergencies, carrying, and home preparation for sick and injured. A new chapter has been added at the end entitled "War First Aid," including a brief description of war injuries, aid organization and the part women have played in preparedness. This chapter will prove of especial interest to the First Aid graduates as well as to those who have doubted the benefits of the First Aid training in civil communities. Thirty-one plates illustrate the text throughout. Several new ones have been added and many of the old plates have been enlarged.

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RED CROSS UNIVERSAL HEALTH MOVEMENT.

EXECUTIVES of the Red Cross organizations of France, Great Britain, Italy, Japan, and the United States are in conference at Cannes, France, preparing a program for universal health improvement to be submitted to a congress of Red Cross delegates to be held at Geneva under the auspices of the International Committee of the Red Cross, thirty days after the treaty of peace shall have been signed. The campaign contemplates a world movement for the prevention as well as the relief of distress. Information recently received from the national headquarters of the American Red Cross outlines the plans for this universal health movement:

Leading experts in public health, tuberculosis, hygiene, sanitation, and child welfare work from all parts of the world are now in Cannes or on their way there, summoned to help the committee prepare the plans which will be submitted at Geneva. Measures for handling problems of world relief emergencies will, as a matter of course, have a large share of the program, but much of the effort will be directed not only toward relieving human suffering and distress but towards preventing it.

The governments of the five powers are in sympathy with the movement, and other nations with Red Cross organizations or relief societies are expected to follow the relief of Japan, Italy, France, England, and the United States. This being the case, a few facts concerning the Red Cross of the various countries should prove of interest.

The International Red Cross Committee at Geneva—the parent of all Red Cross organizations—is the body through which the world program will be carried out. A permanent staff of health and relief specialists is to be maintained at Geneva following the world congress.

Geneva will be the place to which each organization will forward all information that may be of value to the others, and where research work having for its object the best means of preventing and combating disease and minimizing distress will be continuous. The International Committee of the Red Cross of Geneva was organized in 1863.

Because of its great achievements in the World War, the American Red Cross has been accorded leadership in the world movement by the Red Cross of other countries. The organization now has a membership of 17,000,000 adult and 9,000,000 junior members, this imposing total being divided among 3,864 chapters and thousands of branches and auxiliaries, no part of the country being too remote to be without its Red Cross organization. Dr. Livingston Farrand, who will direct the part the American Red Cross is to play in the universal program, is now at Cannes.

The Red Cross Society of Japan was organized in 1886 and now, with a membership of more than a million and a half and a splendid equipment, ranks as one of the foremost relief organizations. Always in the vanguard of humanitarian activities, the Italian Red Cross was never stronger than it is today after the great struggle in which it played such a heroic part. At the end of 1918, the organization had more than 300,000 members. Its complete coöperation with the American Red Cross at a critical juncture of the war proved a great help to the Allied cause.

France's Red Cross is made up of three distinct societies with a combined membership of about 250,000. It dates back to 1865. During the war it provided more than 50,000 nurses of all classifications and more than 1,400 auxiliary hospitals with a total of 117,000 beds. At the end of last July it had assets valued at more than $21,000,000.

With headquarters in London and flourishing branches in Canada, Australia, India, and South Africa, Great Britain's Red Cross met every test of the four years' conflict. It is one

of the best organized and equipped among the societies that are planning for the future betterment of mankind.

Russia, up to the time of the Emperor's overthrow, had a capable Red Cross Society, the efficiency of which was impaired to a great extent by the class troubles that eventually culminated in the present chaotic condition of the country. The Red Cross organizations of the Central Powers and their allies, Turkey and Bulgaria, are expected to join the movement.

As is generally known, the German Red Cross and the Austria-Hungary Red Cross were organized along the same thorough lines as the military machines of those countries, being in fact part of those machines. Because of their complete domination by the military authorities, they were regarded by the outside world as being out of harmony with the merciful spirit of the Red Cross. The relief organization in Turkey was known as "The Turkish Society of the Red Crescent," that in Bulgaria as the Bulgarian Red Cross. More than likely what is left of the organizations in these countries will be represented at Geneva.

Belgium has a Red Cross organization. So has Switzerland, the birthplace of the man who conceived the idea back of the Red Cross. The emblem of the Red Cross is the Swiss flag reversed, a tribute to the country which has done so much to stimulate relief work throughout the world. The organization has about 50,000 members.

Holland, Denmark, Norway, and Sweden to the north, and Spain and Portugal in the south of Europe are all members of the Red Cross family. All the Balkan states have relief societies. China has had one since 1904. Mexico, Central America, South America—these countries have their quota of organizations.

DIPHTHERIA CAMPAIGN.

To augment the work that the local boards of health of the various cities and towns of this State are doing to reduce both the morbidity and mortality of diphtheria, the Massachusetts Department of Health has started an educational campaign endeavoring to bring home to the minds of the people of this State the fact that diphtheria is causing a large percentage of deaths each year and that it is a needless waste of life.

Emphasis is laid upon the fact that in diphtheria we have all the agencies necessary for its eradication, save two; the greatest factor lacking is the time lost before the physician is called in to care for "sore throats," and secondly, in a lesser degree, the non-use of the various specific diagnostic aids and therapy, furnished by the department, by some physicians.

The plan of this educational campaign is one of publicity. School children have had given to them bulletins dealing with diphtheria and its prevention. All organized health agencies such as women's clubs, visiting nurse associations, associated charities, parent-teachers' associations, as well as the pastors of the various churches, have been asked to spread this gospel of health, thus augmenting the work carried on by the local boards of health. As much newspaper publicity as is available will be used and special talks will be given by the district health officers when desired.

Already requests have been received from some women's clubs, who are holding a "Health Meeting," and apparently more will follow.

The assistance and coöperation of physicians are solicited to help reduce the incidence of this disease.

WORK OF THE VOLUNTEER MEDICAL SERVICE CORPS.

The Council of National Defense authorizes the following statement:

Characterizing the work of the Volunteer Medical Service Corps and the Medical Section of the Council of National Defense as "a very striking demonstration of the American spirit," Dr. Edward P. Davis, president of the corps, paid tribute to the patriotism of American civilian doctors at the final meeting of the Central Governing Board of the Corps held in Washington, March fourteenth, prior to the termination of its war time activities, April 1.

A report submitted at the meeting showed that nearly 70,000 applications have been received from physicians for membership in the Corps, of which 56,540 had been received and coded prior to the signing of the armistice, November 11, 1918. Qualifications of these civilian doctors, classified and coded on cards, will be placed in the Library of the Surgeon General of the Army, where they will be accessible to all government departments for all time to come. With the approximately 40,000 medical officers additional, who are in the Army, Navy, and Public Health Service, practically all the able-bodied, eligible doctors of the country will be listed, available for the

nation's needs. Usually there are said to be about 150,000 physicians in the United States, but this total includes a large proportion of superannuated, disabled, or ineligible.

Dr. Franklin Martin, Chairman of the General Medical Board of the Council of National Defense, expressed his warm appreciation of the co-operation he has received from the medical profession of the country and his firm belief in the value of the records of the Volunteer Medical Service Corps.

Dr. Davis said, in part: "This Volunteer Medical Service Corps and the work of the Medical Section of the Council of National Defense has been a very striking demonstration of the American spirit in more ways than we have imagined. I have always thought of a remark made by the President when the whole thing was in full swing, just about the time the nation had gotten its stride. He said that the men who were staying in this country were having the hardest time. That was true. You take the medical men who actually went into service. Of course, some of them did office work in Washington, but the men whom I know who have been in the camps here—whether they got to Europe or not—say they have had the time of their lives.

"One man, my assistant, said: 'I am just coming back from a year's freedom from responsibility, except for the immediate performance of my duties.' Another man, who is probably the best x-ray man in the Army, said his career in the Army has been the happiest time he has ever known, because he has worked scientifically without interruption. They had the privilege of being free to concentrate their minds on duty, and I think the remark made by Dr. Studdiford in New York the other night is to the point—that there has not been in the past year in the practice of medicine in the United States one single easy, pleasant, satisfactory thing. He said he hoped he would never have to live to go through another such year.

"When you consider the burden thrown upon the profession of this country by the shortage of resident membership, taking away assistants, nurses, laboratory men; the influenza epidemic, with the consequent increase in morbidity and mortality, and the strain upon the population which is now showing itself—it has been a most hectic war season. I don't think any profession has met a similar crisis in civilization as nobly as did the American profession, and no small part of the moral value and success of the profession was due to this Corps. The fact that we had a Corps where the men could record themselves who did not go to the front had an enormous moral value.

"I personally desire to testify to the pleasure it has been for me to do what I have done. And I have sincerely appreciated the honor which has been given to me."

To about 13,000 doctors whose applications for membership in the Volunteer Medical Service Corps had been received before the armistice was signed, but which had not been acted upon by their state committee, now dissolved, Dr. Davis is sending the following letter:

From: Volunteer Medical Service Corps, Council of National Defense.

To: Applicants for membership.

1. With the cessation of hostilities subsequent to the signing of the armistice, the Council of National Defense, under which the Volunteer Medical Service Corps was organized, asked that the activities of that Corps be terminated; and Surgeon General Ireland of the Army requested that the valuable records of the Corps be given place in the Library of the Surgeon General where they will be maintained permanently for reference by the various Government bureaus.

2. Your application for membership in this Corps, we regret to say, was not acted upon by your State and County committees before those committees were automatically released and, therefore, we are unable to complete your membership by furnishing you with the visible evidences of your tender service, *viz.*, the insignia and certificate of the Corps. We wish you to know, however, that your patriotic offer of service to your Government has been received and your qualifications as outlined on the Volunteer Medical Service Corps application blank have been transferred to permanent code cards which are to be preserved as an important record of the war.

3. We also wish you to know that those who have had the responsibility of organizing and enrolling the medical profession of the country appreciate the value of your offer of service and thank you for it from the bottom of our hearts. This includes the Secretary of War, who presides over the Council of National De-

fense, which authorized the Volunteer Medical Service Corps, the Secretaries of the Navy, the Interior, Agriculture, Commerce, and Labor, the members of the Council, and the President of the United States who appointed the Council of National Defense and who definitely approved the Volunteer Medical Service Corps in the following words: "I am very happy to give my approval to the plans which you have submitted, both because of the usefulness of the Volunteer Medical Service Corps and also because it gives me an opportunity to express to you, and through you to the medical profession, my deep appreciation of the splendid service which the whole profession has rendered to the Nation with great enthusiasm from the beginning of the present emergency."

4. Finally, may I express to you on behalf of the Central Governing Board of the Volunteer Medical Service Corps its personal thanks for your generous response to its request for an offer of your services at a time when it appeared they would be so urgently needed by the nation.

EDWARD P. DAVIS, M.D., President,
Volunteer Medical Service Corps.

MEDICAL NOTES.

RED CROSS NURSING SURVEY.—The Bureau of Nursing Service of the Red Cross has received more than 150,000 signed questionnaires from nurses. The survey has been made in order to record every woman who is able to take care of the sick, and it has demonstrated its value by providing nursing care for a large number of influenza patients who otherwise would have been obliged to go without aid. In Cleveland, the number of influenza cases cared for by the Visiting Nurses' Association in November and December increased four hundred per cent., and this is only one example of what has been accomplished throughout the country. The data collected will be invaluable in the future, and will be utilized to its highest efficiency. There has developed as a result of this study a nation-wide educational campaign in connection with public health work. The *Red Cross Bulletin* urges all nurses who have not yet signed and returned their questionnaires to realize the necessity and importance of their coöperation.

PUBLIC HEALTH SCHOLARSHIPS. The *Red Cross Bulletin* announces that $100,000 has been appropriated to be used for Public Health Service funds, to equip graduate nurses who will soon be released from military service to enter public health nursing. The maximum scholarship for an eight months' course of training will be $600, and for a four months' course, $300. In addition to this scholarship fund, the Red Cross has established a loan fund of $10,000 for the same purpose.

INFLUENZA IN MARYLAND.—In order to learn as accurately as possible the proportion of the population which has been affected by influenza, the United States Public Health Service has organized special surveys to be conducted. In a recent issue of the Public Health Reports, preliminary statistics of the surveys of the influenza epidemic in Maryland have been published. Surveys were made in Baltimore, Cumberland, Lonaconing, Frederick, Salisbury, and in three rural districts. In each of these localities house-to-house canvasses were made in a number of areas. Persons who were said to have been only "feeling badly" or as having a "cold" were recorded as "doubtful" cases. Cases lasting not less than three days, severe enough to confine the patient to bed for the whole of one day, were classed as influenza, unless otherwise diagnosed by the attending physician. The total number of persons in all localities canvassed included 46,535; of these, it was found that 13,037 had influenza, and 243 had died either from influenza or pneumonia, giving a death rate of 5.2 per thousand of population. The report includes tabular records of cases, localities, fatalities, age and sex incidence. It is possible that these preliminary statistics may be subject to certain errors, but they are not sufficient to be of material significance.

DEATHS FROM INFLUENZA AND PNEUMONIA.—A tabular record of the registered deaths from influenza and pneumonia (all forms) in thirty-one large cities of the United States during a period of twenty-five weeks from September 8, 1918, to March 1, 1919, is published in a recent Public Health Report. In New York, there have been 31,960 deaths from influenza and pneumonia; in Philadelphia, 15,566; in Chicago, 13,176; in Boston, 6,183; in Pittsburgh, 5,698.

INFLUENZA IN ENGLAND.—The epidemic of influenza has again reached serious proportions

in England, especially in the northern districts, and there are so few doctors and nurses that it is not possible often to give patients even casual attention. One general practitioner has recorded that in one day he treated ninety-six private patients and one hundred public patients. Only fifteen hundred of the eleven thousand doctors in the Army last November have been demobilized, and of twenty-three thousand nurses only three thousand have been released.

UNITED STATES MEDICAL CASUALTIES.—The War Department has announced that among American medical officers in France from the time of the arrival of the first units to March 13, casualties numbered 442. The statement shows that 46 died in action, 22 died of wounds, 12 of accidents and other causes, 101 of diseases, four were lost at sea, seven missing in action, 38 taken prisoner, and 212 wounded in action.

AMERICAN FUND FOR FRENCH WOUNDED.—The American fund for French wounded has now reached a total of $501,584.34.

BELGIAN RELIEF FUND.—The Belgian Relief Fund has reached a total amount of $731,745.69.

NURSES FOR UNITED STATES HEALTH SERVICE.—Under a new arrangement, graduate Red Cross nurses are to be supplied to the United States Public Health Service, which will be extended and will take over hospitals for the care of sick or injured members of various Federal services, including the merchant marine. The number of Red Cross nurses in this work is to be increased from seventy to seven hundred and fifty.

DR. LIVINGSTON FARRAND.—Dr. Livingston Farrand, chairman of the central committee of the American Red Cross, sailed for France on March 9, to study the Red Cross organizations' problems in Europe, and to confer with American health experts and representatives from allied countries about matters which will be discussed at the meeting which will be held at Geneva thirty days after the declaration of peace.

INFLUENZA IN GREAT BRITAIN.—The following account of the renewed outbreak of influenza in the north of Great Britain has been published in a recent issue of the *British Medical Journal:*

"The only Scottish figures at present available refer to the week ending February 15th. The death rate from all causes for the sixteen principal towns was equivalent to an annual rate of 32 per 1,000, the highest experienced since the present statistical grouping was adopted (in 1913), and 8.2 above that of the previous week. The nearest approach to this figure was 30.5 in the week ending November 2nd, 1918. The highest rate was in Edinburgh (51.6), the Glasgow rate being 31.6, and that of Dundee 23.8. The English data carry the record down to the week ending February 22nd, and show that the large increases have (excepting London) been confined to certain northern cities. Of these, the most striking are at Newcastle-on-Tyne, which returned 163 deaths last week (119 the previous week), at Liverpool with 188 deaths (148 in the previous week), at Manchester with 130 (44 the previous week), and at Bradford, 141 (50 the previous week). Stoke-on-Trent, Bolton, Salford, Leeds, and Sheffield also show considerable increases. The deaths from influenza in London for the week ending February 22nd numbered 653, but the increase is not so large as would have occurred had the development followed a similar course to that of the autumn recrudescence, since, as we pointed out last week, on that hypothesis the figure would have been 924. It is too early to say that the figures for the south afford grounds for optimism, but the actual position is rather less grave than might have been feared, although the state of affairs in the north is disquieting."

BOSTON AND MASSACHUSETTS.

INFLUENZA IN BOSTON AND MASSACHUSETTS.—On March 24, 9 cases of influenza and 3 of pneumonia, with 3 deaths from pneumonia, were reported to the Boston Health Department. On March 25, there were reported 16 new influenza cases and 6 of lobar pneumonia, with 7 deaths from pneumonia. There were no deaths from influenza on either day. Ten influenza cases, with no deaths, and 6 cases of pneumonia with 2 deaths, were reported on March 26.

On March 27, 15 new cases of influenza with 3 deaths, and 6 cases of pneumonia with 5 deaths, were reported to the Boston Health Department. Twelve new influenza cases and 4 of

pneumonia were reported on March 28; there were no deaths from influenza and only 1 from pneumonia.

Week's Death Rate in Boston.—During the week ending March 29, 1919, the number of deaths reported was 239, against 250 last year; with a rate of 15.65, against 16.62 last year. There were 33 deaths under one year of age, against 35 last year.

The number of cases of principal reportable diseases were: Diphtheria, 38; scarlet fever, 66; measles, 17; whooping cough, 11; typhoid fever, 3; tuberculosis, 45.

Included in the above were the following cases of non-residents: Diphtheria, 3; scarlet fever, 3; tuberculosis, 3.

Total deaths from these diseases were: Diphtheria, 6; scarlet fever, 1; tuberculosis, 20.

Included in the above were the following non-residents: Diphtheria, 2; tuberculosis, 2.

New Hospital in Boston.—A new hospital for the treatment of pneumonia and influenza cases, which will be called the Brooks Cubicle Hospital, will be built on Corey Hill within a few weeks. $125,000 has already been subscribed without public solicitation by laymen who felt the need of such an institution. Patients who cannot afford to pay for treatment will be admitted without charge. Workers from factories, mills, and crowded shops, and people who would ordinarily die from neglect, will be especially welcomed at the hospital, and will have at their disposal the services of the best specialists of the city.

The Brooks Hospital will have at its disposal the Sial Laboratory. The doctors who have volunteered their services are: Dr. William A. Brooks, for whom the hospital was named. Dr. Henry L. Houghton, Dr. Augustus S. Knight. Dr. T. M. Snow, and Dr. T. M. Durrell. Dr. Brooks is reported to have made the following remarks:

"Our ignorance of influenza and pneumonia should be our spur to knowledge. Nor will it do for doctors or for any citizens, with pity in their hearts, to sit back now the plague has apparently abated, hoping for the best. It is just as well to prepare for the worst. Influenza, which started at Chicopee Falls last March, slept until August. So let us prepare.

"Last fall we know that those most grievously afflicted were people who lived in congestion and worked in congestion—people who had too little chance and money to get well in decent hospitals. That is why we are making our cubicle hospital the most democratic hospital in the country.

"Previous tent hospital experiments have proved that pneumonia generally gets well, that influenza far less rarely is fatal if treated in the open air. Tents are impossible in winter, but good wooden structures, with kitchens attached, where hot food may be cooked, diet kitchens and hospital personnel kept warm, make an all the year round open air hospital a simple matter."

The Cutter Lectures on Medicine.—The Cutter Lectures on Preventive Medicine, by Dr. Alice Hamilton, Special Investigator of the United States Department of Labor, Chicago, on "Industrial Poisoning in the United States," were held at the Harvard Medical School on April 2, 3, and 4. The subject of the first lecture was "Lead," of the second, "Other Organic Poisons," and of the third, "Poisons of the Aromatic Series and of the Fatty Series."

These lectures are given annually under the terms of a bequest from John Clarence Cutter, whose will provided that the lectures so given should be styled the Cutter Lectures on Preventive Medicine, and that they should be delivered in Boston, and be free to the medical profession and the press.

NEW ENGLAND NOTES.

Maine Medical Inspection of Schools.—The Maine committee on public health has reported to the Legislature in a new draft an act providing for the medical inspection of school children. It provides that it shall be the duty of all towns and cities in the State having a school enrollment of more than 1,000 pupils to install medical inspection of school children and to provide school nurses on or before the close of the year 1920; of all towns and cities with a school enrollment of 500 before the year 1921; and of all towns and cities having a school enrollment of 300 or more, before the year 1924.

Appeal for French Hospital Fund.—The New England headquarters of the American fund for French wounded has been notified that there are now five thousand refugees in Rheims and there is no hospital to provide for their care. It is expected that there will be twenty-

five thousand refugees in Rheims by July 1. The fund has been given a building for a temporary hospital of forty beds; the American fund for French wounded plans to carry on this temporary hospital until the permanent hospital is completed, and it earnestly appeals for help in its effort to raise the necessary endowment fund for the hospital.

Obituary.

WILLIAM WRIGHT WALCOTT, M.D.

WORD has been received of the death of Captain William W. Walcott of Natick, in France, March 16, 1919. Dr. Walcott was 39 years old and a graduate of the Newton High School and the Massachusetts Institute of Technology in 1901, receiving the degree of S.B. Harvard University gave him an M.D. in 1905 and subsequently he was a house officer at the Massachusetts General Hospital, settling in practice in Natick and joining the Massachusetts Medical Society in 1906.

Up to the beginning of the war Dr. Walcott was district health officer under the State Department of Health, a most efficient official. Military duty was inaugurated with the First Corps of Cadets of which he was medical officer. He went overseas as first lieutenant of the 101st engineers and was made a captain in the medical corps last summer. After passing a month at a base hospital he took part in the battles of Chateau-Thierry, Chemin des Dames, St. Mihiel, and was at Verdun for six weeks. He was once wounded by a fragment of shell and was gassed. He had expected to return with the 26th Division. Dr. Walcott was unmarried.

NICHOLAS E. SOULE, M.D.

DR. NICHOLAS E. SOULE died at his home in Exeter, New Hampshire, on March 26, at the age of ninety-four years. Dr. Soule was born in Exeter in 1825. At the age of ten he was a student at Exeter Academy, where his father, Professor Gideon Lane Soule, was principal. He graduated from Harvard Medical School in 1848, and then studied medicine at the University of Pennsylvania, from which he received his degree in 1851.

Dr. Soule practised medicine in Cincinnati for several years, but an opportunity to teach in a private school in that city led him into the teaching profession. At the time of the Civil War, ill-health prevented him from serving as a soldier, but he volunteered and was accepted for the United States Sanitary Commission. He was present at the battles of Lookout Mountain and Missionary Ridge.

After the war he returned to his teaching and in 1886 was married to Dr. Lucy Weaver of Provincetown. Dr. Soule retired a few years ago and remained active until a short time before his death.

For several years Dr. Soule had been the oldest living alumnus of Harvard University and of Phillips Exeter Academy.

The Massachusetts Medical Society.

THE next annual meeting of the Massachusetts Medical Society will be held at the Copley-Plaza Hotel, Boston, June 3 and 4, 1919.

The following officers of the sections were elected by the sections for the year 1919:

Section of Medicine: *Chairman*, George A. Bancroft, Natick; *Secretary*, William David Smith, Boston.

Section of Surgery: *Chairman*, Howard A. Lothrop, Boston; *Secretary*, Hilbert F. Day, Boston.

Section of Tuberculosis: *Chairman*, Henry D. Chadwick, Westfield; *Secretary*, E. O. Otis, Boston.

Section of Hospital Administration: *Chairman*, George G. Sears, Boston; *Secretary*, Channing C. Simmons, Boston.

Chairman of Committee of Arrangements, J. L. Huntington, 311 Marlborough street, Boston.

Chairman of Committee on Scientific Papers for Meeting of Society June 4, F. T. Lord, 305 Beacon street, Boston.

SOCIETY NOTICES.

NEW ENGLAND WOMEN'S MEDICAL SOCIETY.—The New England Women's Medical Society will meet at the home of Dr. Helen I. Woodworth, Hotel Cluny, 543 Boylston St., near Clarendon St., Boston, on Thursday, April 17, 1919, at 8 P.M.

PROGRAM.

Exercise in Surgical Diagnosis.	Dr. Agnes C. Vietor.
Case Report.	Dr. Mary T. Mernin.
Case Report.	Dr. Marion Nute.
Obstetrics in India.	Dr. Katharine B. Scott.

ALICE H. BIGELOW, M.D., *Secretary*.

CENSORS' MEETING.—The Censors of the Suffolk District Medical Society will meet for the examination of candidates at the Medical Library, No. 8 The Fenway, Thursday, May 1, 1919, at 4 o'clock.

Candidates should make personal application to the Secretary and present their medical diploma at least two weeks before the examination.

GEORGE R. MINOT, M.D., *Secretary*.